

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049007

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

277

Primary Registration District No.

5950

Registrar's No.

55

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

1-7-63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

12-18-1897

SHOULD READ

12-18-1963

ITEM NO.

4

DOCUMENT

BY AFFIDAVIT OF Filing Registrar

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hartford TWP		c. CITY OR TOWN Middletown	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS 1 1/2 Mi. NE	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Joel Oville Dillion		4. DATE OF DEATH Month Dec. Day 18 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-2-1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Middletown Mo
13a. FATHER'S NAME James Bartley Dillion		13b. MOTHER'S MAIDEN NAME Lenora Moore	14. NAME OF HUSBAND OR WIFE Leona Butler Dillion
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 3	17. INFORMANT Mrs. Leona Dillion, Middletown Mo
18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral aneurysm Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH Immediate
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4:00 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Middletown Mo	20f. CITY, TOWN, OR LOCATION Middletown Mo
21. I attended the deceased from no previous attendance and last saw him dead Dec 18, 1963 Death occurred at 4:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Lois B. Shap (Degree or title)		22b. ADDRESS Wellsville, Mo	22c. DATE SIGNED 12-19-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 20 1963	23c. NAME OF CEMETERY OR CREMATORY Fairmount Cemetery	23d. LOCATION (City, town, or county) Middletown Mo
24. FUNERAL DIRECTOR Bretcher & Myers		25. DATE RECD. BY LOCAL REG. Dec. 19-1963	26. REGISTRAR'S SIGNATURE Maidea E. Williams

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit issued Dec. 19-1963

Maiden E. Williams Local registers
district 277

JAN 7 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. 705

working under my personal supervision.

Student Paul G. Arons
Signature of Student Embalmer

Signed Howard J. Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.